Record at least 10 consecutive cases from one of your usual working sessions

* After each consultation, either type a summary of the consultation in each box, or print off an anonymised record of the consultation. Those with camera phones can often get a clear picture of consultation notes with no identifiable patient details. An anonymised record of your actual consultation notes gives the added benefit of allowing your record-keeping to be reviewed.
* Discuss each case with a colleague and record your conversation in the relevant box. Why not ask other locums who work in similar settings? Being a locum GP is a specialist area and you need to discuss your cases with a suitably experienced colleague. If meeting up is a problem, you could even do it remotely via platforms like skype or [Google Hangouts](http://www.google.com/+/learnmore/hangouts/).

|  |  |
| --- | --- |
| Your name |  |
| Your chamber |  |
| Date of session |  |
| Description of setting | e.g. name of surgery, OOH, walk-in centre etc |
| Name and role of colleague/s |  |

Case example

|  |
| --- |
| * **Case:** 45 year old man, ex-smoker, 2-week hx of cough; 24 hours haemoptysis. CXR. * **Comments:** We discussed safety netting - making sure I recorded that I’d asked him to return for follow-up. Whether I should have done bloods too. |

## Case #1

|  |
| --- |
| * **Case:** * **Comments:** |

## Case #2

|  |
| --- |
| * **Case** * **Comments:** |

## Case #3

|  |
| --- |
| * **Case:** * **Comments:** |

## Case #4

|  |
| --- |
| * **Case** * **Comments:** |

## Case #5

|  |
| --- |
| * **Case:** * **Comments:** |

## Case #6

|  |
| --- |
| * **Case:** * **Comments:** |

## Case #7

|  |
| --- |
| * **Case:** * **Comments:** |

## Case #8

|  |
| --- |
| * **Case:** * **Comments:** |

## Case #9

|  |
| --- |
| * **Case:** * **Comments:** |

## Case #10

|  |
| --- |
| * **Case:** * **Comments:** |

## Case #11

|  |
| --- |
| * **Case:** * **Comments:** |

## Case #12

|  |
| --- |
| * **Case:** * **Comments:** |

## Reflection

|  |  |
| --- | --- |
| #1 | What went well? What could have been better? |
|  |
| #2 | What could have been done differently? |
|  |
| #3 | After discussing with your colleague/s, what reflections do you have in relation to this case? |
| Reflect in terms of [GMC domains for Good Medical Practice](http://www.gmc-uk.org/static/documents/content/GMC_Revalidation_A4_Guidance_GMP_Framework_04.pdf) which underpin appraisal   * Knowledge, skills, performance * Safety and quality * Communication, partnership, and teamwork * Maintaining trust |
|  |
| #4 | What was the outcome of your serial case review? What changes have you carried out as a result of these case reviews? |
| * It is useful for your appraisal if you can “close the loop” and show application of your new learning. * If you see another patient where you later use your new learning, record it here or start a new single case review. * It is easier to do this if your notes are organised and accessible to you on the move. |
|  |
| #5 | Any further learning needs or action needed? |
|  |
| #6 | Record your CPD credits *(1 credit = 1 hour learning activity demonstrated by reflective record)* |
|  |

## 

## 

## 

## Tips

* This template is just a suggestion. It is designed to lead you through the process of demonstrating that you are constantly evaluating your performance and learning needs, and implementing improvements when needed.
* Mess around with it if you can make it more meaningful to you.
* If you have chosen to use this template
  + Store it somewhere safe so you can swiftly access it when you need it in consultations and when it comes to preparing your appraisal evidence. [Cloud-based storage can be a good option](http://www.nasgp.org.uk/question/appraisalaid-using-cloud-based-storage/).
  + You’ve already done most of the hard “thinking” work, so populating your appraisal toolkit with your reflections should be just an admin task of “copy and pasting” the relevant bits and/or uploading the document.

If you have any ideas or examples of QIA then [please share them with the rest of us at NASGP](http://www.nasgp.org.uk/contact).